

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MM	70811	2/1
O.I.P.E. CLASSIFIER		49	2/15/00
FORMALITY REVIEW	LC	20017	4-5-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/2/99
2	✓	✓	1/2/99
3	✓	✓	1/2/99
4	✓	✓	1/2/99
5	✓	✓	1/2/99
6	✓	✓	1/2/99
7	✓	✓	1/2/99
8	✓	✓	1/2/99
9	✓	✓	1/2/99
10	✓	✓	1/2/99
11	✓	✓	1/2/99
12	✓	✓	1/2/99
13	✓	✓	1/2/99
14	✓	✓	1/2/99
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29	✓	✓	1/2/99
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32	✓	✓	1/2/99
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If more than 150 claims or 10 actions  
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